

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27797**

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **6820**

St. .... Ward

**2. FULL NAME**

(a) Residence, No. **1412** **Blanch** St. **25** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **70** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James Mangum**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 23rd 1861**

7. AGE YEARS **71** MONTHS **10** DAYS **12** If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Scotland** (STATE OR COUNTRY)

13. NAME **Patricia Norton**

14. BIRTHPLACE (CITY OR TOWN) **Scotland** (STATE OR COUNTRY)

15. MAIDEN NAME **Winifred Norton**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT **Harvey M. Kent** (ADDRESS) **City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug 8th** 19**33**

19. UNDERTAKER **Arthur J. Donnelly and Co.** (ADDRESS) **3849**

20. FILED **AUG 6 - 7 1933** **J. F. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 5** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **8-3** 19**33** to **8-5** 19**33**

I last saw him alive on **8-5** 19**33** Death is said to have occurred on the date stated above, at **8a** m.

The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis & hypertension**  
**930**  
**1528**  
**1022**  
Other contributory causes of importance: **cellulitis of ft. leg.**  
Date of onset .....

Name of operation..... Date of.....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **Henry W. Dwyer** M. D.  
(Address) **City Hospital**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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